



Figure 1A. Ulcerated vulval ulcer on day 18.

Figure 1B. Organisms with broad nonseptate hyphae in necrotic material (HE stain $\times 40$).

Figure 1C. The broad nonseptate hyphae of mucor have stained black (GMS staining $\times 40$).

Figure 1D. Invasion of artery by mucor (HE stain $\times 40$).

photericin B was continued. There was minimal progression of the ulcer over the next 2 days, but by day 21 there was recovery of white cells (total white cells, $2.9 \times 10^9/L$). Soon, fever resolved and the lesion started healing; by day 37 only a 2-cm induration was visible. The patient continued on daily amphotericin B for another 4 weeks after which it was administered on an alternate day schedule during the consolidation cycles (high-dose cytarabine). Currently, 6 months after therapy the patient continues to be in remission and has no evident lesion over the vulva.

Cutaneous (10% to 19 % of all mucormycosis) presentation of mucormycosis may have a favorable outcome with early detection and treatment but advanced lesions have up to 80% mortality.² Definitive treatment includes aggressive surgical debridement, early use of effective antifungal therapy, and correc-

tion of predisposing factors. Very few cases of vulvar mucormycosis has been reported.³

Surgical debridement is often difficult in patients with acute leukemia due to combination of factors like ongoing sepsis and very low blood counts, but earlier reports have documented successful treatment of mucormycosis in this setting with the use of antifungal alone.^{4,5} In our case, early detection, institution of amphotericin B, and recovery of neutrophils within a week of onset of the lesion contributed to the successful and complete resolution of mucormycosis without resorting to aggressive and potentially mutilating surgical debridement.

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erratum

In the letter Orphanos et al. Mesothelioma in Cyprus: a case series (1997-2007). *Hematol Oncol Stem Cell Ther*. 2011;4(4):193-4. PMID: 22198194 the last name of the fifth author should have been Charalambous instead of Haralambous. Charalambous H in the PubMed entry.